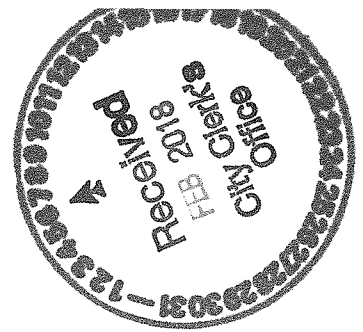


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



**NOTE:** This form must be on file with the qualifying officer before opening the campaign account.

**OFFICE USE ONLY**

<b>1. CHECK APPROPRIATE BOX(ES):</b> <input checked="" type="checkbox"/> Initial Filing of Form      Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
<b>2. Name of Candidate</b> (in this order: First, Middle, Last) Anthony William Young			<b>3. Address</b> (include post office box or street, city, state, zip code) 2204 Vero Beach Ave Vero Beach, FL 32960		
<b>4. Telephone</b> (772) 321-2692		<b>5. E-mail address</b> Awyoung76@att.net			
<b>6. Office sought</b> (include district, circuit, group number) Vero Beach City Councilmember			<b>7. If a candidate for a <u>nonpartisan</u> office, check if applicable:</b> <input type="checkbox"/> My intent is to run as a Write-In candidate.		
<b>8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
<b>9. I have appointed the following person to act as my</b> <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
<b>10. Name of Treasurer or Deputy Treasurer</b> Marc L. Orlick					
<b>11. Mailing Address</b> 6668 Tangelo Cir SW				<b>12. Telephone</b> (    )	
<b>13. City</b> Vero Beach		<b>14. County</b> Indian River	<b>15. State</b> FL	<b>16. Zip Code</b> 32968-3244	<b>17. E-mail address</b> ORC1010@hotmail.com
<b>18. I have designated the following bank as my</b> <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
<b>19. Name of Bank</b> Center State			<b>20. Address</b> 855 21st St		
<b>21. City</b> Vero Beach		<b>22. County</b> Indian River		<b>23. State</b> FL	<b>24. Zip Code</b> 32960
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.</b>					
<b>25. Date</b> 2 Feb 2018			<b>26. Signature of Candidate</b> <input checked="" type="checkbox"/>		
<b>27. Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)					
I, <u>Marc Orlick</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
<u>2 Feb 2018</u> Date		<input checked="" type="checkbox"/> <u>Marc Orlick</u> Signature of Campaign Treasurer or Deputy Treasurer			

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Tony Young

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of City Councilmember, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of Indian River County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): \_\_\_\_\_

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

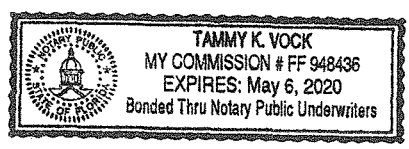
X Anthony W Young (772) 321-2692 AWyoung76@att.net  
Signature of Candidate Telephone Number Email Address  
2204 Vero Beach Ave Vero Beach FL 32960  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Florida

Tammy K. Bunsick  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup>  
day of February, 2018.

Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: personally known



**NOTICE OF CANDIDACY  
AND AFFIDAVIT OF CANDIDATE**

STATE OF FLORIDA

COUNTY OF Indian River

I, Anthony W. Young, depose and state:

1. My name is Anthony W. Young.
2. I am offering myself as a candidate for election to the office of Councilmember of the City of Vero Beach, Florida.
3. I am or will be at least 18 years old by the end of the qualifying period.
4. I have resided in the City of Vero Beach continuously for the one (1) year immediately preceding the last day of the qualifying period and I am a qualified and registered elector of the City of Vero Beach, Florida, presently registered to vote in precinct number 19.
5. I presently reside at the following address (must include zip code):  
2204 Vero Beach Ave, Vero Beach, FL 32960,  
which is my permanent, legal address, and I have resided at said address since the 16  
day of November 1954.
6. Immediately prior to residing at the above-stated address, I have resided at the below listed addresses for the specified periods of time: (If your residence at the address listed in number 5 above has been for less than one (1) full year, list all other addresses at which you have resided for the past one (1) year and specify the time period at each address, including starting and ending dates).

Prior Addresses

For the Period

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7. At the present time, I am not registered to vote in any city, county, or state other than as specified in paragraph 4, above.

8. I acknowledge that, if elected, I must continuously maintain my permanent legal residence within the City of Vero Beach and my status as a registered and qualified elector of the City for the duration of my term of office and if I fail to do so I will forfeit my office as City Councilmember.

VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Notice of Candidacy and Affidavit of Candidate and that the facts stated in it are true.

DATED this 6 day of February, 2018.

Anthony W. Young  
Print candidate name

Anthony W. Young  
Candidate signature

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, Anthony W. Young,  
candidate for the office of Vero Beach City Councilmember ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

Anthony W. Young  
Signature of Candidate

2-6-18

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING  
Young, Anthony

2204 Vero Beach Ave

CITY: Vero Beach, 32960 INDIAN RIVER

City of Vero Beach

NAME  
Council Member

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2017 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US Military Retirement	PO Box 7130 London, KY 40742	US Army
City of Vero Beach	1053 20th Place PO Box 1389 VERO Beach, FL 32961-1389	Municipal Govt.

**PART B -- SECONDARY SOURCES OF INCOME**  
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")


**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks/IRAs	Morgan Stanley 3525 Ocean Dr. Vero Beach, FL 32963 Acct 866-324-1805

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

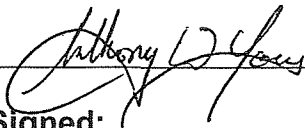
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

June 1, 2018

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.